

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/30/2014
FORM APPROVED
OMB NO. 0938-0391

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|---|---|---|---|----------------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445076 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/27/2014 |
| NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MCMINNVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| K 147 | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on testing and observations, it was determined the facility failed to maintain the electrical system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. On 1/28/14 at 3:00 PM testing of resident room 413 bathroom Ground Fault Interrupter failed to trip when tested. 2. On 1/28/14 at 4:05 PM, observation within the ceiling space above the one (100) hall area revealed three electrical junction boxes with live wires and no cover plates. <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview. These deficiencies were corrected during the survey on 1/28/14.</p> | K 147 | <p>K147</p> <p>Maintenance Supervisor and Assistant replaced the Ground Fault Interrupter plug and installed cover plates on the three junction boxes identified on 1/29/14. Maintenance Supervisor and Assistant tested all Ground Fault Interrupter plugs and inspected the entire building for missing junction box plates on 1/28/14. Maintenance Supervisor and Maintenance Assistant will regularly check junction boxes and GFI plugs for cover plates and proper function through regular preventative maintenance checks. Beginning 02/10/14, Maintenance Supervisor and Maintenance Assistant will conduct a QA Monitor of junction boxes and GFI plugs monthly for three months and then quarterly for nine months to ensure substantial compliance. QA Monitor results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing). QA Monitor will continue as directed by the Quality Assurance Committee.</p> <p style="text-align: right;">Completion Date:</p> | 1/29/14 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.